

DOCUMENT NAME: Training**DAFIS DOCUMENT TYPE: 30**

1. **Description:** Training purchased with the Request, Authorization, Agreement and Certification of Training (SF-182) will always be coded as document type 30. Training purchased with documents other than the SF-182 and its related DAFIS document types are shown below. You should refer to these document types when they are used to procure training.

<u>Procurement Document</u>	<u>Document Type</u>
Order for Supplies or Services	23
Contract	24
Credit Card (IMPAC)	32
Order for Supplies or Services (BPA)	38

2. **Primary Forms:** SF-182, Request, Authorization, Agreement, and Certification of Training
3. **Related Forms:** None.
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 3094904FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Elements</u>	<u>Document Sequence</u>	<u>Suffix</u>
30	94	90	4	F	AB	001	

5. **Accounting Line:** If multiple accounting lines are used, a different suffix is required for each accounting line.

SAMPLE: 2/F/401/136/56/0/AB/12345/256C

6. **FINCEN Critical Processing Requirements:**

- a. Completed SF-182's must be submitted to FINCEN. Units must ensure the following information is included to facilitate financial reporting:
- (1) Student name and class attended - section A.
 - (2) Name and mailing address of training vendor - section B.
 - (3) DAFIS accounting data and cost - section C, block 21.

- 6. a. (4) Standard DAFIS document number - section C, block 23.
 - (5) Approval signatures - section D.
 - (6) Correct Bill to Address in block 5: SF182 Invoices, USCG Finance Center, P. O. Box 4108, Chesapeake, VA 23327-4108.
- b. COPY OF DOCUMENTS MUST BE LEGIBLE.

7. Other Information:

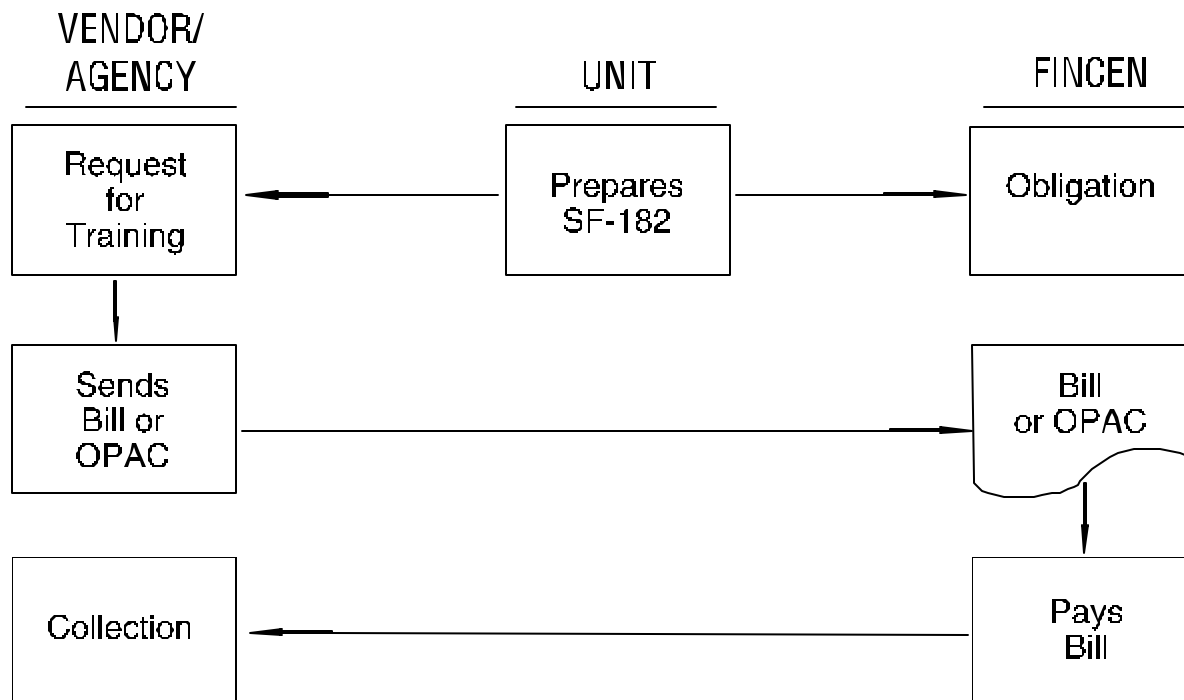
- a. ALC 69-02-5102 must be placed in block 24 of the SF-182.
- b. For tuition reimbursement using the SF-1164, see document type 33, Miscellaneous Costs in this Chapter.

8. LUFS Information:

- a. Obligation will transmit electronically via LUFS.
- b. A copy of the purchase form should be mailed to Interagency Agreements, USCG Finance Center, P. O. Box 4108, Chesapeake, VA 23327-4108 and should have the statement on the face of the document:

"OBLIGATION TRANSMITTED ELECTRONICALLY VIA LUFS"

- c. When transmitting to FINCEN, only the obligation accounting information (XA record) will be sent.
- d. If this document is being prepared for a vendor other than another government agency to provide training the public/government indicator should be set to "P".
- e. Standard generic input is made through the Record Spending Module.
- f. No receiving report is required.

9. Document Flow:**Figure 12D-45 Training**

9. a. Figure 12D-45 describes the procedures for processing the SF-182 for training.
- b. To request training, the target unit prepares the SF-182, Request, Authorization, Agreement, and Certification of Training.
- c. One copy of the request is sent to the vendor/government agency, one copy is retained in the unit files, and one copy is mailed to SF182 Invoices, USCG Finance Center, P. O. Box 4108, Chesapeake, VA 23327-4108.
- d. The FINCEN receives an OPAC bill from the civilian government agency and an invoice from all other vendors providing the training. OPAC charges are spread to the units.
- e. No receiving report is required.

10. Sample Forms: See Figure 12D-46.**11. PES Report:**

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
3094904FAB001000	051	94010F106	12345	256C	0.00	250.00	0.00	0.00
3094904FAB001000	102F	94029F814	12345	256C	0.00	250.00-	0.00	250.00

12. References: COMDTINST M4200.13, Small Purchase Handbook.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency code, agency subelement and submitting office number (Example—XX-XX-XXXX)		B. OFFICE USE ONLY																											
				XX-XX-XXXX		C. Request status (Mark (X) one)																											
						<input checked="" type="checkbox"/> Initial or Reauthorization <input type="checkbox"/> Extension or Cancellation																											
Section A—TRAINEE INFORMATION																																	
1. Applicant's name (Last-First-Middle Initial)		2. Social Security Number		3. Date of birth (Year and month)		4. Position level (Mark (X) one only)																											
SMITH, SUE		123-12-1234		43/01		<input checked="" type="checkbox"/> Non-supervisory <input type="checkbox"/> Supervisory <input type="checkbox"/> Manager <input type="checkbox"/> Executive																											
5. Home address (Number, street, city, State, ZIP code)		6. Home telephone		7. Organization mailing address (Branch, Division, Office, Bureau, Agency)		8. Office telephone																											
1234 COAST GUARD BLVD. PORTSMOUTH, VA 23703		804 555-5555		FINANCE CENTER, 1430 A KRISTINA WAY CHESAPEAKE, VA 23326		804 523 1234																											
9. Organization mailing address (Branch, Division, Office, Bureau, Agency)		10. Continuous civilian service		11. Number of prior non-government training days		12. Type of appointment																											
FINANCE CENTER, 1430 A KRISTINA WAY CHESAPEAKE, VA 23326		Years Months		5 5		0																											
13a. Position title/function		13b. Applicant name, category or training (See instructions)		14. Pay plan-series-grade-step		15. Type of appointment																											
ACCOUNTANT				GS0510-0505		Career																											
Section B—TRAINING COURSE DATA																																	
16a. Name and mailing address of training vendor (No. street, city, State, ZIP code)				16b. Location of training site (If same, mark box)																													
OLD DOMINION UNIVERSITY HAMPTON BLVD., NORFOLK, VA 23510				<input checked="" type="checkbox"/>																													
17. Course title and training objectives (Benefits to be derived by the Government)																																	
ACCOUNTING IN THE NINETIES																																	
17. Catalog/Course No.		18. Training period (6 digits)		19. No. of course hours (4 digits)		20. Training center (See instructions)																											
		Year Month Day		Hour		Code																											
1. Start		94 01 15		2. Non-duty		0000																											
3. Complete		94 01 18		4. TOTAL		0032																											
AGENCY USE ONLY																																	
Section C—ESTIMATED COSTS AND BILLING INFORMATION				Section D—APPROVALS																													
21. Direct costs and appropriation/fund chargeable				26a. Immediate supervisor—Name and title																													
<table border="1"> <thead> <tr> <th rowspan="2">Item</th> <th colspan="2">Amount</th> <th rowspan="2">Appropriation/fund</th> </tr> <tr> <th>Dollars</th> <th>Cents</th> </tr> </thead> <tbody> <tr> <td>a. Tuition</td> <td>1250</td> <td>00</td> <td>2/F/401/136/56/0/NB</td> </tr> <tr> <td>b. Books or materials</td> <td></td> <td></td> <td>12345/ 256C</td> </tr> <tr> <td>c. Other (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. (Enter 4 digits in dollar column)</td> <td colspan="2">TOTAL</td> <td></td> </tr> <tr> <td></td> <td>10250</td> <td>00</td> <td></td> </tr> </tbody> </table>				Item	Amount		Appropriation/fund	Dollars	Cents	a. Tuition	1250	00	2/F/401/136/56/0/NB	b. Books or materials			12345/ 256C	c. Other (Specify)				d. (Enter 4 digits in dollar column)	TOTAL				10250	00		CAROL BLAKE SEC A SUPERVISOR (804)523-1775			
Item	Amount		Appropriation/fund																														
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b. Books or materials			12345/ 256C																														
c. Other (Specify)																																	
d. (Enter 4 digits in dollar column)	TOTAL																																
	10250	00																															
22. Indirect costs and appropriation/fund chargeable				26b. Second-line supervisor—Name and title																													
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Item	Amount		Appropriation/fund																														
	Dollars	Cents																															
a. Travel	\$																																
b. Per diem																																	
c. Other (Specify)																																	
d. (Enter 4 digits in dollar column)	TOTAL																																
	5																																
23. Document/Purchase Order/Request No.				26c. Training officer—Name and title																													
3094904FAB001				V. L. WHITE CIVIL RIGHTS OFFICER (804)523-1699																													
24. 8-Digit station symbol (Example—12 34 5678)				26d. Authorizing official—Name and title																													
69-02-5102				JOSEPH SMITH CHIEF, HQ CIV PERS (804)364-1234																													
25. BILLING INSTRUCTIONS (Furnish address to)				26e. Certifying official—Name and title																													
SF182 Invoices USCG Finance Center P. O. Box 4108 Chesapeake, VA 23327-4108				V. L. WHITE CIVIL RIGHTS OFFICER (804)523-1699																													
TRAINING FACILITY: Bills should be sent to office indicated in item 25. * Please refer to number given in item 23 to assure prompt payment.				SIGNATURE REQUIRED																													

Figure 12D-46 SF-182, Request, Authorization, Agreement and Certification of Training